



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 11, 2018

Mr. Timothy Buchanan,
Managing Member
Lancaster PCH LLC
31 Millersville Road
Lancaster, Pennsylvania 17603

RE: Signature Senior Living Lancaster
Personal & Memory Care Community
Certificate #: 333060

Dear Mr. Buchanan:

As a result of the Department of Human Services' licensing inspection on October 17, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33306 - 10/17/2017 - OPake, Hope
PCH Name: SIGNATURE SENIOR LIVING LANCASTER PERSONAL & MEMORY CARE

REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On August 5, 2017, Resident #1 did not receive medications. The medication error was not reported to the Department.

On May 8, 2017, Resident #2 did not receive medications. The medication error was not reported to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Executive Director and Wellness Director will ensure that all reportable incidents are reported immediately after discovery. ED and WD will continue to re-educate staff on reporting to WD as soon as error is discovered. Wellness Director will inform ED immediately upon discovery of any medication errors. Wellness Director will complete DHS reportable immediately and give to ED to review. Wellness Director will receive confirmation of fax completed and give to ED. ED will keep all state reportable incidents in a binder in ED office. Wellness Director will do daily MAR reviews to ensure that all medications were given as ordered by PCP.

Will be implemented immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Krista Funk, Executive Director Date 11/7/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-4-18 (Date)

The above plan of correction was approved by bc (Initials)

Plan of correction implementation status as of 1-4-18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33306 - 10/17/2017 - OPake, Hope
 PCH Name: SIGNATURE SENIOR LIVING LANCASTER PERSONAL & MEMORY CARE

1. REGULATION 55 Pa.Code §2800

600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on [redacted] 2017. The medical evaluation was completed on February 9, 2016.

Resident #4 was admitted on [redacted] 2017. The medical evaluation was completed on December 23, 2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Wellness Director and Memory Care Director will thoroughly exam DME upon receipt for compliance with completion of DME. WD and MCD will do weekly audits on all DME to ensure form is correctly completed by PCP and if in any need of renewal of DME.

WD and MCD will immediately make notification to PCP if any portion of form is not completed or out of compliance.

Executive Director will do monthly DME audits for proper completion.

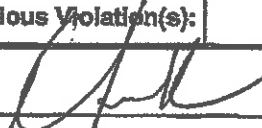
WD and MCD will create a "tickler" system for DME dates for compliance with annual examined dates and form completion dates are in compliance at all times.

Will be implemented immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Krista Funk, Executive Director

Date

11/7/17

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[Signature]
 (Initials)

Violation Report: 33306 - 10/17/2017 - O'Pake, Hope
PCH Name: SIGNATURE SENIOR LIVING LANCASTER PERSONAL & MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a prescription for Travatan Z eye drops .004%. The resident did not receive the medication on September 27, 2017, as the medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Wellness Director will make sure that orders are entered, given and followed as directed by PCP and delivered in the community in a timely manner.

Wellness Director will follow up with Pharmacy on all new orders or refill orders to ensure medication order or reorder was received and that it will be delivered before the next scheduled dose time. If unable, WD will ensure that order is sent to back up pharmacy for same day delivery.

WD will do weekly medication audits to ensure medication is always available and ordered in a timely manner when medication is not on cycle fill.

ED will do monthly medication audits to ensure medication is always available and ordered in a timely manner when medication is not on cycle fill.

Senior Care Partner will do daily medication audits to ensure medication is always available and ordered in a timely manner when medication is not on cycle fill.

Will be implemented immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Krista Funk, Executive Director

Date *11/7/17*

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